## **Town of Eastham Preschool Funding Program**Application for FY22

Name of Child:		
Date of Birth:		
☐ My child will be three (3) years of hours a day of preschool funding	•	
My child will be four (4) years of a day of preschool funding for the	•	t 31, 2021 to qualify for up to 7 hours per 1, 2021 – June 30, 2022
Name of Parent(s) or Guardian(s)		
Address:		State: Zip:
Number of years at this address:		
Mailing address (if different):		
Phone:	Email:	
Name of School/Provider:		
Address:	Town:	Zip:
School Contact Name:		
Phone:	Email:	
Signature of parent or guardian		Date

In signing this application, I verify that all information provided is accurate and truthful. I am aware that this is signed under penalty of perjury.

## Checklist

## Please provide copies of each of the following

- ✓ Completed and signed application
- ✓ Copy of birth certificate of child
- ✓ Utility bill in parent's or guardian's name at an Eastham address
- ✓ Copy of Eastham Real Estate Tax Bill in the name of the parent or guardian (if applicable)
- ✓ Copy of Lease for an Eastham property in the name of the parent or guardian (if applicable)

## **Proof of Residency**

Are the Parent(s) or Guardian(s):

>	A Voter in Eastham	Yes	No
>	On Eastham Street Census	Yes	No
>	Driver's License with Eastham address	Yes	No
	(Please provide a copy)		

Please submit the completed application and documentation to:

Town of Eastham Attn: Administration/Pre-School 2500 State Highway Eastham, MA 02642

Or scan/send to: admin2@eastham-ma.gov